

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17526-

Registration District No. 42

Primary Registration District No. 1000

State File No.

Registrar's No. 438

1. PLACE OF DEATH:

(a) County Duchesne
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 22
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs 10 mo 9 da
(Specify whether
In this community yes
years, months or days)

3. (a) PRINT
FULL NAMEFRANK MORRIS

3. (b) If veteran,
name war UNK

3. (c) Social Security
No. UNK

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, Single
divorced Single
6. (b) Name of husband or wife -
6. (c) Age of husband or wife if
alive 2 years
(Month) (Day) (Year)

7. Birth date of deceased Mo 2 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 17 hr. min.

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name George Morris
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)
14. Maiden name Eva E. Easton
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address St Joseph Mo
17. (a) B (burial, cremation, or removal) (b) Date thereof 4-21-44
(Month) (Day) (Year)

(c) Place: burial or cremation State Hosp #2

18. (a) Signature of funeral director Ray Stamey

(b) Address St Joseph Mo

19. (a) 4/21/44 (b) Wm H. Hertzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston
(c) City or town Rural 7
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day April
year 1944 hour 11-20 minute P M.

21. I hereby certify that I attended the deceased from Apr 17, 1944 to Apr 19, 1944
that I last saw him alive on April 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1 da
Duration

Due to

Due to

Other conditions Epilepsy
(Include pregnancy within 3 months of death)

Major findings: 83a
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -
(b) Date of occurrence -
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature W. H. Hertzog (M. D. or other?)
Address St Joseph Mo Date signed 4-19-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

..... working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.